

# EXHIBIT 20



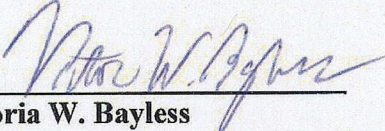
**ANNE ARUNDEL MEDICAL CENTER**

**CARDIAC SURGERY PROGRAM CERTIFICATE OF NEED APPLICATION**

**RESPONSE TO COMPLETENESS QUESTIONS**

Attestation by Victoria W. Bayless

**Affirmation: I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.**

  
Victoria W. Bayless

3-23-15  
Date

President/CEO  
Title